

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36016

State File No. ....

XC-1 172 232

REG# 97624.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 3590

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY CALHOUN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS MO.		c. LENGTH OF STAY (in this place) 13 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP		c. CITY (If outside corporate limits, write RURAL and give township) 8120 OR TOWN HAMBURG d. STREET ADDRESS (If rural, give location) R.R. #1 8	
3. NAME OF DECEASED (Type or Print) a. (First) HARVEY b. (Middle) M c. (Last) SWEARINGIN		4. DATE OF DEATH (Month) (Day) (Year) 11-4-51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-9-96
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) HAMBURG, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE SWEARINGIN		13b. MOTHER'S MAIDEN NAME SYLVIA WEBSTER	
14. NAME OF HUSBAND OR WIFE IONE SWEARINGIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME. VA HOSPITAL RECORDS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO VASCULAR DISEASE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - - - - -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 10-22-1951, to 11-4-1951, <del>that death occurred at 1:25a m., from the causes and on the date stated above.</del>	
23a. SIGNATURE Stanley W. Wald (Degree or title) M.D.		23b. ADDRESS VAH JEFFERSON BRKS., MO.	
23c. DATE SIGNED 11-4-51		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24a. DATE 11-4-51		24b. DATE 11-4-51	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Nardin See	
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 4104 Manchester Ave.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bern Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.